1.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.t., 86-257, as amended, Failure to comply may result in criminal prosecution, fixes, or civil penalties as provided by 29 U.S.C 439 or 440.

••••	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 7577	2. Fiscal Year Covered From:
	1 / 1 / 2004 Twough: 12 / 31 / 2004
i. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenneth R Carter	Name Plumbers and Pipefitters LU 430
	Labor Organization File Number 540 408
P.O. Box, Bldg., Room No., if any P.O. Box 306	P.O. Box, Building and Room Number, if any
Sweet 616 Greenwood Ave.	Street 2908 North Harvard Ave.
Mannford	Cay Tulsa
State Oklahoma ZiP Code + 4 74944 - 3442	State Oklahoma ZIP Code + 4 74115-2404
Position in labor organization. Agent Organizer	
والمراوية والمستور والمراوي والمسترار والمستورين والمستورين والمستورين والمستورين والمستورين والمسترار والمسترار	and the state of t
. Held an interest in, engaged in transactions (including loans) with, o nonetary value from an employer whose employees your organiza	r derived income of other economic benefit of tion represents of is actively sacking to represent.
constary value from an employer whose employees your organiza	tion represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income.
Name and address of Employer (including trade name, if any).	tion represents or is actively seeking to represent.
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Name and address of Employer (including trade name, if any). Name Name Frade Name, if any: C.O. Box, Bidg., Room No., if any	tion represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income.
Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
Name and address of Employer (including trade name, if any). Name Name Trade Name, if any: P.O. Box, Bktg., Room No., if any Street ZiP Code + 4 Signature and vertification. The undersigned declares, under penalty of	tion represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income.

Date

Telephone Number

Name of Person Filing Renneth Carter		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Pipefitters La 430 Health & Welfare Fund							
Trade Name, if any:	b. Trust	Jayes					
P.O. Box, Bidg., Room No., if any	c. Employer						
Sireet 2908 North Harvard Ave.	: 4						
Cay Tulsa	:						
State Oklahoma ZFP Code + 4 74115-2404							
to. If 9.b., or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Nume	Union negtotiates contracts with signatory contractors for contributions made to employee						
Trade Name, if any:	benefit funds		i i				
P.O. Box, Bldg., Room No., if any							
Street		,	::::::::::::::::::::::::::::::::::::::				
City	11.b. Approximate dollar value of such dealing. Unknown 12.s. Nature of interest held or income received.						
State ZIP Code + 4	October 13 Meal for Union Tru McGill's Tulsa,OX						
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	12.b. Amount		Approximate 14 \$26				
		·······					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.e. Nature of payment.						
Name ·							
Trade Name, if any:			:				
P.O. Box, Bldg., Room No., if any	:						
Street							
City							
State ZIP Code + 4	:		.				
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13 b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						